19196817394

p.3

Form	NI AR	- 501	(2-08)
. Coulter	40.00	901	2 00,

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE				
Case		Date Filed	_	
10-CA-136340	,09	-09-14		

INSTRUCTIONS:		10-CA-136340	09-09-14
	1		
File an original of this charge with NLRB Regional	Director in which the alleged unfair lat EMPLOYER AGAINST WHOM CHAR		courring.
a. Name of Employer	Con Lot Living intel William Of the	b Tel No.	
Duke University Hospital		(919)68	4-8111
		c Cell No	
d. Address (street, city, state ZIP code)	e. Employer Representative	f. Fax No.	
2301 Erwin Road	Kevin Sowell	g e-Mail	i
Durham, NC 27710		L L	
			ocation (City and State)
i. Type of Establishment (factory, nursing home,	Principal Product or Service	Durham	
hotel)	Finicipal Product or Service	N. Number C	of workers at dispute location
hospital	patient care	.	i
	<u> </u>	<u> </u>	
I. The above-named employer has engaged in and	is engaging in unfair labor practices v	within the meaning of section	8(a), subsections (1) of the
National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce to	or practices are practices affecting con within the meaning of the Act and the	nmerce within the meaning o Postal Regreanization Act	of the Act, or these unfair labor
2 Basis of the Charge (set forth a clear and concis	se statement of the facts constituting to	he alleged unfair labor practi	ces)
ĺ	-		
Since on or about April 2014, th	e above named Employer	has discriminated	against employee
Since on or about April 2014, th (b) (6), (b) (7)(C) _{because}	engaged in union and pro	tected concerted a	ctivities within the
meaning of the Act. In this regar	A 14 COS OF MERCHOLET PRODUCTS AND DESCRIPTION OF THE PROPERTY	aged in the followin	ig conduct:
	(b) (6), (b) (7)(C)		
 A. Sexually threatened employe 	e on or about Ap	oril 2014.	
(b) (6)	(b) (7)(C)		
B. Denied overtime hours to	in April and May 20	14.	1
C. Threatened disciplinary action	n against (b) (6), (b) (7)(C)	1	
at Thousand also pintary design		1	
D. Crostad a bootile work and	(b) (6), (b) (7)		(b) (6), (b) (7
D. Created a hostile work environment by holding in a room against will.			
			<u>!</u>
3. Full name of party filing charge (if fabor organiza	ition, give full name, including local na	me and number)	
(b) (6), (b) (7)(C): 4a Address (street and number, city, state, and Zit	P mde)	4b Tel No	
(b) (6), (b) (7)(C)	- W22,	4c. Cell No.	
(b) (6), (b) (7)(C)) (7)(C)
	4d. Fax No		
4e. e-Mail 4. e-Mail 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor			
organization)	TEATON OF WHICH ETS AN ENGIAGE OF COM	Stroets out to be timed it w	Tremenalize is med by a labor
5. DECLARATION		Tel No.	
I declare that I have read the above charge and that the statements are true to the best of			
my knowledge and belief.			
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) Office If any, Cell No. (b) (6), (b) (7)(C)			
(b) (6), (b) (7)(C)) (<i>r</i>)(C)
(signature or representative or person making ch	narge) Print Name and Title	Fax No	
Address: (b) (6), (b) (7)(C)	Date:	e-Mail	
(b) (6), (b) (7)(c) Scot 9, 0, 0, 14			1
WILLFUL FALSE STATEMENTS ON THIS CHAI	RGE CAN BE PUNISHED BY FINE A	ND IMPRISONMENT (U.S.	CUDE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ar seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this differmation to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes

(b) (6), (b) (7)(C) NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes





SUBREGION 11 4035 University Pkwy Ste 200 Winston Salem, NC 27106-3275 Agency Website: www.nlrb.gov Telephone: (336)631-5201 Fax: (336)631-5210 Download NLRB Mobile App

September 9, 2014

Kevin Sowell, CEO Duke University Hospital 2301 Erwin Road Durham, NC 27710

> Re: Duke University Hospital Case 10-CA-136340

Dear Mr. Sowell:

Enclosed is a copy of a charge that has been filed in this case. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

<u>Investigator</u>: This charge is being investigated by Board Agent David Hopper whose telephone number is (336)631-5264. If this Board agent is not available, you may contact Field Attorney ROSETTA B. LANE whose telephone number is (336)631-5297.

Right to Representation: You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing Form NLRB-4701, Notice of Appearance. This form is available on our website, www.nlrb.gov, or from an NLRB office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

<u>Presentation of Your Evidence</u>: We seek prompt resolutions of labor disputes. Therefore, I urge you or your representative to submit a complete written account of the facts and a statement of your position with respect to the allegations set forth in the charge as soon as possible. If the Board agent later asks for more evidence, I strongly urge you or your representative to cooperate fully by promptly presenting all evidence relevant to the investigation. In this way, the case can be fully investigated more quickly.

Full and complete cooperation includes providing witnesses to give sworn affidavits to a Board agent, and providing all relevant documentary evidence requested by the Board agent. Sending us your written account of the facts and a statement of your position is not enough to be

considered full and complete cooperation. A refusal to fully cooperate during the investigation might cause a case to be litigated unnecessarily.

In addition, either you or your representative must complete the enclosed Commerce Questionnaire to enable us to determine whether the NLRB has jurisdiction over this dispute. If you recently submitted this information in another case, or if you need assistance completing the form, please contact the Board agent.

We will not honor any request to place limitations on our use of position statements or evidence beyond those prescribed by the Freedom of Information Act and the Federal Records Act. Thus, we will not honor any claim of confidentiality except as provided by Exemption 4 of FOIA, 5 U.S.C. Sec. 552(b)(4), and any material you submit may be introduced as evidence at any hearing before an administrative law judge. We are also required by the Federal Records Act to keep copies of documents gathered in our investigation for some years after a case closes. Further, the Freedom of Information Act may require that we disclose such records in closed cases upon request, unless there is an applicable exemption. Examples of those exemptions are those that protect confidential financial information or personal privacy interests.

<u>Procedures:</u> We strongly urge everyone to submit all documents and other materials (except unfair labor practice charges and representation petitions) by E-Filing (not e-mailing) through our website, <u>www.nlrb.gov</u>. However, the Agency will continue to accept timely filed paper documents. Please include the case name and number indicated above on all your correspondence regarding the charge.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website, www.nlrb.gov or from an NLRB office upon your request. NLRB Form 4541 offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

Claude T. Harrell Jr. Regional Director

By:

Scott C. Thompson Officer in Charge

Enclosures:

- 1. Copy of Charge
- 2. Commerce Questionnaire

Revised 3/21/2011	NATIONAL LABOR RELA	TIONS BOARD		
	ESTIONNAIRE ON COMMER	CE INFORMATION		
Please read carefully, answer all applicable ite			a and identify item number	
CASE NAME	ms, and return to the NEND Office. If addition	mai space is required, piease add a pag	CASE NUMBER	
Duke University Hospital			10-CA-136340	
1. EXACT LEGAL TITLE OF ENTITY (As filed with State and/or stated in legal	documents forming entity)		
	-			
A THE OF PARTY				
2. TYPE OF ENTITY	ID II DADTNEDCHE II COL	C DD ODDICTORGUED 1 1 OTHE	D (C	
[] CORPORATION [] LLC [] L	LP [] PARTNERSHIP [] SOLI	E PROPRIETORSHIP [] OTHE	R (Specify)	
3. IF A CORPORATION or LLC A. STATE OF INCORPORATION	B. NAME, ADDRESS, AND RELATIO	NSHIP (e.g. parent subsidiary) OF A	LL RELATED ENTITIES	
OR FORMATION	B. TAME, ADDICESS, AND RELATION	rioriii (e.g. pireni, suosididiy) or 71	DE RELATIES ENTITIES	
4 TEANILLOOD AND TYPE OF BART	EMERCITIC ELLI MAME AND ARREIT	SEC OF ALL MEMBERS OF BART	NEDC	
4. IF AN LLC OR ANY TYPE OF PART	INERSHIP, FULL NAME AND ADDRE	SS OF ALL MEMBERS OR PART	NERS	
5. IF A SOLE PROPRIETORSHIP, FUI	L NAME AND ADDRESS OF PROPRI	ETOR		
6. BRIEFLY DESCRIBE THE NATURE	OF YOUR OPERATIONS (Products ha	ındled or manufactured, or nature of s	ervices performed).	
7. A. PRINCIPAL LOCATION:	B. BRANCH LO	CATIONS:		
, in the control of t	5. Diamen 20			
0 MARKED OF BEONE BRECENTER	TEMPLOYED			
8. NUMBER OF PEOPLE PRESENTLY				
A. Total:	B. At the address involved in this n		I VD (FV.)	`
9. DURING THE MOST RECENT (Che.	ck appropriate box): [] CALENDAR YE	R [] 12 MONTHS or [] FISCA	L YR (FY dates YES	NO
A. Did you provide services valued in	excess of \$50,000 directly to customer	s outside your State? If no, indica		110
\$				
B. If you answered no to 9A, did you p				
valued in excess of \$50,000 from di	rectly outside your State? If no, indica	ate the value of any such servic	es you provided.	
-	you provide services valued in exces	es of \$50,000 to public utilities tra	neit eveteme	
	C. If you answered no to 9A and 9B, did you provide services valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If			
less than \$50,000, indicate amount. \$				
less than \$50,000, indicate amount.	\$			
less than \$50,000, indicate amount. D. Did you sell goods valued in excess	\$			
less than \$50,000, indicate amount. D. Did you sell goods valued in excess amount. \$	\$ of \$50,000 directly to customers locat	ed outside your State? If less than	\$50,000, indicate	
less than \$50,000, indicate amount. D. Did you sell goods valued in excess amount. \$ E. If you answered no to 9D, did you sell you sell you sell goods.	\$ of \$50,000 directly to customers located goods valued in excess of \$50,000	ed outside your State? If less than	\$50,000, indicate e your State who	
less than \$50,000, indicate amount. D. Did you sell goods valued in excess amount. \$ E. If you answered no to 9D, did you sell you sell you sell goods.	\$ of \$50,000 directly to customers locat	ed outside your State? If less than	\$50,000, indicate e your State who	
less than \$50,000, indicate amount. D. Did you sell goods valued in excess amount. \$ E. If you answered no to 9D, did you so purchased other goods valued in excess F. Did you purchase and receive goods	\$ of \$50,000 directly to customers located goods valued in excess of \$50,000 ess of \$50,000 from directly outside y	ed outside your State? If less than directly to customers located insid our State? If less than \$50,000, in	\$50,000, indicate e your State who ndicate amount.	
less than \$50,000, indicate amount. D. Did you sell goods valued in excess amount. \$ E. If you answered no to 9D, did you so purchased other goods valued in excess F. Did you purchase and receive good amount. \$	s of \$50,000 directly to customers located goods valued in excess of \$50,000 directly outside y ls valued in excess of \$50,000 from directly outside y	ed outside your State? If less than directly to customers located inside our State? If less than \$50,000, in rectly outside your State? If less	\$50,000, indicate e your State who ndicate amount. than \$50,000, indicate	
less than \$50,000, indicate amount. D. Did you sell goods valued in excess amount. \$ E. If you answered no to 9D, did you so purchased other goods valued in excess \$ F. Did you purchase and receive good amount. \$ G. Did you purchase and receive good.	s of \$50,000 directly to customers located goods valued in excess of \$50,000 directly outside y ls valued in excess of \$50,000 from directly outside y ls valued in excess of \$50,000 from directly outside y	ed outside your State? If less than directly to customers located inside our State? If less than \$50,000, in rectly outside your State? If less	\$50,000, indicate e your State who ndicate amount. than \$50,000, indicate	
less than \$50,000, indicate amount. D. Did you sell goods valued in excess amount. \$ E. If you answered no to 9D, did you so purchased other goods valued in excess amount. \$ F. Did you purchase and receive good amount. \$ G. Did you purchase and receive good outside your State? If less than \$5	s of \$50,000 directly to customers located goods valued in excess of \$50,000 feess of \$50,000 from directly outside y ls valued in excess of \$50,000 from directly outside y ls valued in excess of \$50,000 from er 0,000, indicate amount. \$	ed outside your State? If less than directly to customers located inside our State? If less than \$50,000, in rectly outside your State? If less atterprises who received the goods	\$50,000, indicate e your State who ndicate amount. than \$50,000, indicate	
less than \$50,000, indicate amount. D. Did you sell goods valued in excess amount. \$ E. If you answered no to 9D, did you so purchased other goods valued in excess \$ F. Did you purchase and receive good amount. \$ G. Did you purchase and receive good outside your State? If less than \$5 H. Gross Revenues from all sales or part of the second states of the second states of the second states or part of the second state	s of \$50,000 directly to customers located goods valued in excess of \$50,000 feess of \$50,000 from directly outside y ls valued in excess of \$50,000 from directly outside y ls valued in excess of \$50,000 from er 0,000, indicate amount. \$	ed outside your State? If less than directly to customers located inside our State? If less than \$50,000, in rectly outside your State? If less atterprises who received the goods argest amount)	\$50,000, indicate e your State who ndicate amount. than \$50,000, indicate	
less than \$50,000, indicate amount. D. Did you sell goods valued in excess amount. \$ E. If you answered no to 9D, did you se purchased other goods valued in excess. F. Did you purchase and receive good amount. \$ G. Did you purchase and receive good outside your State? If less than \$5 H. Gross Revenues from all sales or purchase and receive good outside your State? [] \$100,000 [] \$55	of \$50,000 directly to customers located goods valued in excess of \$50,000 from directly outside yells valued in excess of \$50,000 from directly outside yells valued in excess of \$50,000 from er 0,000, indicate amount. \$ performance of services (Check the land)	ed outside your State? If less than directly to customers located inside our State? If less than \$50,000, in rectly outside your State? If less thereprises who received the goods transcription of the state of the	\$50,000, indicate e your State who ndicate amount. than \$50,000, indicate	
less than \$50,000, indicate amount. D. Did you sell goods valued in excess amount. \$ E. If you answered no to 9D, did you se purchased other goods valued in excess. F. Did you purchase and receive good amount. \$ G. Did you purchase and receive good outside your State? If less than \$5 H. Gross Revenues from all sales or purchase and receive good outside your State? [] \$100,000 [] \$55	s of \$50,000 directly to customers located goods valued in excess of \$50,000 ess of \$50,000 from directly outside y ls valued in excess of \$50,000 from directly outside in excess of \$50,000 from en 0,000, indicate amount. \$ cerformance of services (Check the late 100,000 [] \$1,000,000 or more If less the last 12 months? If yes, specify of	ed outside your State? If less than directly to customers located inside our State? If less than \$50,000, in rectly outside your State? If less terprises who received the goods regest amount) than \$100,000, indicate amount. late:	\$50,000, indicate e your State who ndicate amount. than \$50,000, indicate directly from points	
less than \$50,000, indicate amount. D. Did you sell goods valued in excess amount. \$ E. If you answered no to 9D, did you sell purchased other goods valued in excess amount. \$ F. Did you purchase and receive good amount. \$ G. Did you purchase and receive good outside your State? If less than \$50. H. Gross Revenues from all sales or purchase and receive good outside your State? If less than \$50. J. Did you begin operations within the state of the purchase and receive good outside your State? If less than \$50.	of \$50,000 directly to customers located goods valued in excess of \$50,000 from directly outside yells valued in excess of \$50,000 from directly outside yells valued in excess of \$50,000 from directly outside yells valued in excess of \$50,000 from er 0,000, indicate amount. \$ Description of the content	ed outside your State? If less than directly to customers located inside our State? If less than \$50,000, in rectly outside your State? If less terprises who received the goods regest amount) than \$100,000, indicate amount. late:	\$50,000, indicate e your State who ndicate amount. than \$50,000, indicate directly from points	
less than \$50,000, indicate amount. D. Did you sell goods valued in excess amount. \$ E. If you answered no to 9D, did you so purchased other goods valued in excess amount. \$ F. Did you purchase and receive good amount. \$ G. Did you purchase and receive good outside your State? If less than \$5 H. Gross Revenues from all sales or purchase and receive good outside your State? If less than \$5 I. Did you begin operations within the sales of purchase and receive good outside your State? If less than \$5 I. Did you begin operations within the sales of purchase and receive good outside your State? If less than \$5 I. Did you begin operations within the sales of purchase and receive good outside your State? If less than \$5 I. Did you begin operations within the sales of purchase and receive good outside your State? If less than \$5 II. Did you begin operations within the sales of purchase and receive good outside your State? If less than \$5 II. Did you begin operations within the sales of purchase and receive good outside your State? If less than \$5 II. Did you begin operations within the sales of purchase and receive good outside your State? If less than \$5 II. Did you begin operations within the sales of purchase and receive good outside your State? If less than \$5 II. Did you begin operations within the sales of purchase and receive good outside your State? If less than \$5 II. Did you begin operations within the sales of purchase and receive good outside your State? If less than \$5 II. Did you begin operations within the sales of purchase and receive good outside your State?	of \$50,000 directly to customers located goods valued in excess of \$50,000 ess of \$50,000 from directly outside yells valued in excess of \$50,000 from directly outside yells valued in excess of \$50,000 from er 0,000, indicate amount. \$ Derformance of services (Check the law 00,000 [] \$1,000,000 or more If less the last 12 months? If yes, specify of CIATION OR OTHER EMPLOYER Goodsdays of association or group).	ed outside your State? If less than directly to customers located inside our State? If less than \$50,000, in rectly outside your State? If less atterprises who received the goods regest amount) than \$100,000, indicate amount. Late: EROUP THAT ENGAGES IN COLL	\$50,000, indicate e your State who ndicate amount. than \$50,000, indicate directly from points LECTIVE BARGAINING?	
less than \$50,000, indicate amount. D. Did you sell goods valued in excess amount. \$ E. If you answered no to 9D, did you so purchased other goods valued in excess amount. \$ F. Did you purchase and receive good amount. \$ G. Did you purchase and receive good outside your State? If less than \$5 H. Gross Revenues from all sales or [] \$100,000 [] \$250,000 [] \$5 I. Did you begin operations within the second state of the second s	of \$50,000 directly to customers located goods valued in excess of \$50,000 ess of \$50,000 from directly outside yells valued in excess of \$50,000 from directly outside yells valued in excess of \$50,000 from er 0,000, indicate amount. \$ Derformance of services (Check the law 00,000 [] \$1,000,000 or more If less the last 12 months? If yes, specify of CIATION OR OTHER EMPLOYER Goodsdays of association or group).	ed outside your State? If less than directly to customers located inside our State? If less than \$50,000, in rectly outside your State? If less atterprises who received the goods regest amount) than \$100,000, indicate amount. Late: EROUP THAT ENGAGES IN COLL	\$50,000, indicate e your State who ndicate amount. than \$50,000, indicate directly from points LECTIVE BARGAINING?	
less than \$50,000, indicate amount. D. Did you sell goods valued in excess amount. \$ E. If you answered no to 9D, did you so purchased other goods valued in excess amount. \$ F. Did you purchase and receive good amount. \$ G. Did you purchase and receive good outside your State? If less than \$5 H. Gross Revenues from all sales or purchase and receive good outside your State? If less than \$5 I. Did you begin operations within the logical properties of the purchase and less than \$5 I. Did you begin operations within the logical properties of the purchase and less than \$5 I. Did you begin operations within the logical properties of the purchase and less than \$5 I. REPRESENTATIVE BEST QUALIFITY.	of \$50,000 directly to customers located goods valued in excess of \$50,000 ess of \$50,000 from directly outside yells valued in excess of \$50,000 from directly outside yells valued in excess of \$50,000 from en 0,000, indicate amount. \$ performance of services (Check the law 00,000 [] \$1,000,000 or more If less the last 12 months? If yes, specify of the last 12 months? If yes, yes, yes, yes, yes, yes, yes, yes,	ed outside your State? If less than directly to customers located inside our State? If less than \$50,000, in rectly outside your State? If less atterprises who received the goods are amount. The state amount than \$100,000, indicate amount. Hate: EROUP THAT ENGAGES IN COLITIONS ON ABOUT YOUR OPERATIONS.	\$50,000, indicate e your State who ndicate amount. than \$50,000, indicate directly from points LECTIVE BARGAINING?	
less than \$50,000, indicate amount. D. Did you sell goods valued in excess amount. \$ E. If you answered no to 9D, did you so purchased other goods valued in excess amount. \$ F. Did you purchase and receive good amount. \$ G. Did you purchase and receive good outside your State? If less than \$5 H. Gross Revenues from all sales or [] \$100,000 [] \$250,000 [] \$5 I. Did you begin operations within to ARE YOU A MEMBER OF AN ASSO [] YES [] NO (If yes, name and 11. REPRESENTATIVE BEST QUALIFINAME	s of \$50,000 directly to customers located goods valued in excess of \$50,000 ess of \$50,000 from directly outside y ls valued in excess of \$50,000 from directly outside y ls valued in excess of \$50,000 from er 0,000, indicate amount. \$ performance of services (Check the land 100,000 [] \$1,000,000 or more If less the last 12 months? If yes, specify the last 12 months? If yes, specify address of association or group).	ed outside your State? If less than directly to customers located inside our State? If less than \$50,000, in rectly outside your State? If less atterprises who received the goods are amount. The state of the state	\$50,000, indicate e your State who adicate amount. than \$50,000, indicate directly from points	
less than \$50,000, indicate amount. D. Did you sell goods valued in excess amount. \$ E. If you answered no to 9D, did you so purchased other goods valued in excess amount. \$ F. Did you purchase and receive good amount. \$ G. Did you purchase and receive good outside your State? If less than \$5 H. Gross Revenues from all sales or [] \$100,000 [] \$250,000 [] \$5 I. Did you begin operations within to ARE YOU A MEMBER OF AN ASSO [] YES [] NO (If yes, name and 11. REPRESENTATIVE BEST QUALIFINAME	of \$50,000 directly to customers located goods valued in excess of \$50,000 ess of \$50,000 from directly outside yells valued in excess of \$50,000 from directly outside yells valued in excess of \$50,000 from en 0,000, indicate amount. \$ performance of services (Check the law 00,000 [] \$1,000,000 or more If less the last 12 months? If yes, specify of the last 12 months? If yes, yes, yes, yes, yes, yes, yes, yes,	ed outside your State? If less than directly to customers located inside our State? If less than \$50,000, in rectly outside your State? If less atterprises who received the goods are amount. The state of the state	\$50,000, indicate e your State who adicate amount. than \$50,000, indicate directly from points	
less than \$50,000, indicate amount. D. Did you sell goods valued in excess amount. \$ E. If you answered no to 9D, did you so purchased other goods valued in excess amount. \$ F. Did you purchase and receive good amount. \$ G. Did you purchase and receive good outside your State? If less than \$5 H. Gross Revenues from all sales or purchase and receive good outside your State? If less than \$5 I. Did you begin operations within the logical and the purchase and line representative best QUALIFINAME	of \$50,000 directly to customers located goods valued in excess of \$50,000 ess of \$50,000 from directly outside yells valued in excess of \$50,000 from directly outside yells valued in excess of \$50,000 from en 0,000, indicate amount. \$ performance of services (Check the law 00,000 [] \$1,000,000 or more If less the last 12 months? If yes, specify of the last 12 months? If yes, specify of the last of the last 12 months? If yes, specify of the last 12 months? If yes, yes, yes, yes, yes, yes, yes, yes,	ed outside your State? If less than directly to customers located inside our State? If less than \$50,000, in rectly outside your State? If less atterprises who received the goods are amount. The state of the state	\$50,000, indicate e your State who ndicate amount. than \$50,000, indicate directly from points	

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and/or unfair labor practice proceedings and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary. However, failure to supply the information may cause the NLRB to refuse to process any further a representation or unfair labor practice case, or may cause the NLRB to issue you a subpoena and seek enforcement of the subpoena in federal court.

UNITED STATES OF AMERICA

BEFORE THE NATIONAL LABOR RELATIONS BOARD

DUKE UNIVERSITY HOSPITAL Charged Party and (b) (6), (b) (7)(C) Charging Party	Case 10-CA-136340	
AFFIDAVIT OF SERVICE OF CHARGE AGAINST EMPLOYER I, the undersigned employee of the National Labor Relations Board, state under oath that on September 9, 2014, I served the above-entitled document(s) by post-paid regular mail upon the following persons, addressed to them at the following addresses: Kevin Sowell, CEO Duke University Hospital 2301 Erwin Road		
Durham, NC 27710 September 9, 2014 Date	isa A. Davis, Designated Agent of NLRB Name	

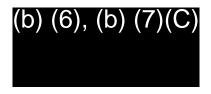
/s/ Lisa A. Davis
Signature





SUBREGION 11 4035 University Pkwy Ste 200 Winston Salem, NC 27106-3275 Agency Website: www.nlrb.gov Telephone: (336)631-5201 Fax: (336)631-5210 Download NLRB Mobile App

September 9, 2014



Re: Duke University Hospital Case 10-CA-136340

Dear (b) (6), (b) (7)(C)

The charge that you filed in this case on September 09, 2014 has been docketed as case number 10-CA-136340. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

<u>Investigator</u>: This charge is being investigated by Board Agent David Hopper whose telephone number is (336)631-5264. If this Board agent is not available, you may contact Field Attorney ROSETTA B. LANE whose telephone number is (336)631-5297.

Right to Representation: You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing Form NLRB-4701, Notice of Appearance. This form is available on our website, www.nlrb.gov, or at the Regional office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

<u>Presentation of Your Evidence</u>: As the party who filed the charge in this case, it is your responsibility to meet with the Board agent to provide a sworn affidavit, or provide other witnesses to provide sworn affidavits, and to provide relevant documents within your possession. Because we seek to resolve labor disputes promptly, you should be ready to promptly present your affidavit(s) and other evidence. If you have not yet scheduled a date and time for the Board agent to take your affidavit, please contact the Board agent to schedule the affidavit(s). If you fail to cooperate in promptly presenting your evidence, your charge may be dismissed without investigation.

<u>Procedures</u>: We strongly urge everyone to submit all documents and other materials (except unfair labor practice charges and representation petitions) by E-Filing (not e-mailing)

through our website www.nlrb.gov. However, the Agency will continue to accept timely filed paper documents. Please include the case name and number indicated above on all your correspondence regarding the charge.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website www.nlrb.gov or from the Regional Office upon your request. *NLRB Form 4541, Investigative Procedures* offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

Claude T. Harrell Jr. Regional Director

By:

Scott C. Thompson Officer in Charge

NATIONAL LABOR RELATIONS BOARD

NOTICE OF APPEARANCE

	•
(b) (6), (b) (7)(C)	
Petitioner,	
and	CASE 10-CA-136340
and	CASE 10-CA-136340
DUKE UNIVERSITY HOSPITAL,	
Respondent.	
REGIONAL DIRECTOR EXECUTIVE SECRETARY NATIONAL LABOR RELATIONS BOARD Washington, DC 20570	GENERAL COUNSEL NATIONAL LABOR RELATIONS BOARD Washington, DC 20570
ma _n	•
THE UNDERSIGNED HEREBY ENTERS APPEARANCE AS REPRESENTAT	IVE OF
Duke University Hospital	
IN THE ABOVE-CAPTIONED MATTER.	
b) (6), (b) (7)(C) and Duke University Hospital	
CHECK THE APPROPRIATE BOX(ES) BELOW;	
REPRESENTATIVE IS AN ATTORNEY	
IF REPRESENTATIVE IS AN ATTORNEY, IN ORDER TO ENSURE TO CERTAIN DOCUMENTS OR CORRESPONDENCE FROM THE AGENCY IN BOX MUST BE CHECKED. IF THIS BOX IS NOT CHECKED, THE PARTY V DOCUMENTS SUCH AS CHARGES, PETITIONS AND FORMAL DOCUMEN CASEHANDLING MANUAL.	ADDITION TO THOSE DESCRIBED BELOW, THIS WILL RECEIVE ONLY COPIES OF CERTAIN
(REPRESENTATIVE INFOR	MATION)
NAME: C. Matthew Keen, Esq.	
MAILING ADDRESS: 4208 Six Forks Road, Suite 1100 Raleigh, NC 27609	-
E-MAIL ADDRESS: matt.keen@ogletreedeakins.com	
OFFICE TELEPHONE NUMBER: 919-789-3162	
CELL PHONE NUMBER: 919-522-0303	FAX: 919-783-9412
SIGNATURE: [MODULE]	
DATE: (Please sign in ink.)	

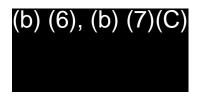
 $^{^{\}rm 1}$ IF CASE IS PENDING IN WASHINGTON AND NOTICE OF APPEARANCE IS SENT TO THE GENERAL COUNSEL OR THE EXECUTIVE SECRETARY, A COPY SHOULD BE SENT TO THE REGIONAL DIRECTOR OF THE REGION IN WHICH THE CASE WAS FILED SO THAT THOSE RECORDS WILL REFLECT THE APPEARANCE.



SUBREGION 11 4035 University Pkwy Ste 200 Winston Salem, NC 27106-3275 Agency Website: www.nlrb.gov Telephone: (336)631-5201

Fax: (336)631-5210

November 25, 2014



Re: Duke University Hospital Case 10–CA–136340

> AFSCME Local 77 Case 10–CB–136314

Dear (b) (6), (b) (7)(C)

We have carefully investigated and considered your charges that Duke University Hospital (Employer) and American Federation of State, County and Municipal Employees Local 77 (Union) have violated the National Labor Relations Act.

Decision to Dismiss: Based on that investigation, I have decided to dismiss your charges because there is insufficient evidence to establish a violation of the Act.

Your Right to Appeal: You may appeal my decision to the General Counsel of the National Labor Relations Board, through the Office of Appeals. If you appeal, you may use the enclosed Appeal Form, which is also available at www.nlrb.gov. However, you are encouraged to also submit a complete statement of the facts and reasons why you believe my decision was incorrect.

Means of Filing: An appeal may be filed electronically, by mail, by delivery service, or hand-delivered. Filing an appeal electronically is preferred but not required. The appeal MAY NOT be filed by fax or email. To file an appeal electronically, go to the Agency's website at www.nlrb.gov, click on E-File Documents, enter the NLRB Case Number, and follow the detailed instructions. To file an appeal by mail or delivery service, address the appeal to the General Counsel at the National Labor Relations Board, Attn: Office of Appeals, 1099 14th Street, N.W., Washington D.C. 20570-0001. Unless filed electronically, a copy of the appeal should also be sent to me.

Appeal Due Date: The appeal is due on December 9, 2014. If the appeal is filed electronically, the transmission of the entire document through the Agency's website must be completed no later than 11:59 p.m. Eastern Time on the due date. If filing by mail or by delivery service an appeal will be found to be timely filed if it is postmarked or given to a delivery service no later than December 8, 2014. If an appeal is postmarked or given to a delivery service on the due date, it will be rejected as untimely. If hand delivered, an appeal must be received by the General Counsel in Washington D.C. by 5:00 p.m. Eastern Time on the appeal due date. If an appeal is not submitted in accordance with this paragraph, it will be rejected.

Extension of Time to File Appeal: The General Counsel may allow additional time to file the appeal if the Charging Party provides a good reason for doing so and the request for an extension of time is **received on or before December 9, 2014.** The request may be filed electronically through the *E-File Documents* link on our website www.nlrb.gov, by fax to (202)273-4283, by mail, or by delivery service. The General Counsel will not consider any request for an extension of time to file an appeal received after **December 9, 2014, even if it is postmarked or given to the delivery service before the due date**. Unless filed electronically, a copy of the extension of time should also be sent to me.

Confidentiality: We will not honor any claim of confidentiality or privilege or any limitations on our use of appeal statements or supporting evidence beyond those prescribed by the Federal Records Act and the Freedom of Information Act (FOIA). Thus, we may disclose an appeal statement to a party upon request during the processing of the appeal. If the appeal is successful, any statement or material submitted with the appeal may be introduced as evidence at a hearing before an administrative law judge. Because the Federal Records Act requires us to keep copies of case handling documents for some years after a case closes, we may be required by the FOIA to disclose those documents absent an applicable exemption such as those that protect confidential sources, commercial/financial information, or personal privacy interests.

Very truly yours,

Claude T. Harrell Jr. Regional Director

By:

Scott C. Thompson Officer in Charge

Enclosure

cc: Kevin Sowell, CEO
Duke University Hospital, Duke
University-Dept. of Surgery
2301 Erwin Road
Durham, NC 27710

C. Matthew Keen, Esq.
Ogletree, Deakins, Nash, Smoak &
Stewart
4208 Six Forks Rd Ste 1100
Raleigh, NC 27609-5763

Narendra K. Ghosh, Esq. Patterson Harkavy LLP 100 Europa Drive, Suite 250 Chapel Hill, NC 27517-2310

AFSCME, Local 77 1823 Chapel Hill Road Durham, NC 27707-1100

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

APPEAL FORM

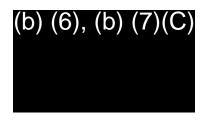
To: General Counsel Attn: Office of Appeals National Labor Relations Board Room 8820, 1099 - 14th Street, N.W. Washington, DC 20570-0001	Date:
	ereby taken to the General Counsel of the National Regional Director in refusing to issue a complaint
Case Name(s).	
Case No(s). (If more than one case number, in	nclude all case numbers in which appeal is taken.)
	(Signature)



OFFICE OF THE GENERAL COUNSEL

Washington, D.C. 20570

January 23, 2015



Re: Duke University Hospital

Case 10-CA-136340

AFSCME, Local 77 (Duke University

Hospital)

Case 10-CB-136314

Dear (b) (6), (b) (7)(C)

This office has carefully considered the appeal from the Regional Director's refusal to issue complaint. We agree with the Regional Director's decision and deny the appeal for the following reasons:

An employer may not take an adverse employment action against an employee for reasons prohibited by the National Labor Relations Act. The National Labor Relations Act protects employees from adverse employment action only if an employer's employment actions were substantially motivated by the employees' activities related to a union or other protected activity, such as raising concerns about working conditions with their co-workers. Thus, the investigation here is only whether Duke University Hospital retaliated against you for engaging in activities protected by the National Labor Relations Act. In this case, there was insufficient evidence that Duke University Hospital did so.

Additionally, the evidence was insufficient to show that AFSCME Local 77 violated its duty of fair representation in violation of the National Labor Relations Act. A union only violates its duty of fair representation under the National Labor Relations Act if its conduct is motivated by unfair, arbitrary, or irrelevant considerations. Here, the evidence showed that the Union has represented you various times upon your request and did not fail to process any grievances in violation of its duty of fair representation.

Accordingly, further proceedings herein were deemed unwarranted.

Sincerely,

Richard F. Griffin, Jr. General Counsel

By:

Deborah M.P. Yaffe, Director Office of Appeals

CLAUDE T. HARRELL JR.
REGIONAL DIRECTOR
NATIONAL LABOR RELATIONS
BOARD
4035 UNIVERSITY PKWY STE 200
WINSTON SALEM, NC 27106-3275

KEVIN SOWELL, CEO DUKE UNIVERSITY HOSPITAL, DUKE UNIVERSITY-DEPT. OF SURGERY 2301 ERWIN RD DURHAM, NC 27710

C. MATTHEW KEEN, ESQ.
OGLETREE, DEAKINS, NASH,
SMOAK & STEWART
4208 SIX FORKS RD STE 1100
RALEIGH, NC 27609-5763

MICHAEL GIBSON, PRESIDENT AFSCME, LOCAL 77 1823 CHAPEL HILL RD DURHAM, NC 27707-1100 SCOTT C. THOMPSON OFFICER IN CHARGE NATIONAL LABOR RELATIONS BOARD 4035 UNIVERSITY PKWY STE 200 WINSTON-SALEM, NC 27106

NARENDRA K. GHOSH, ESQ. PATTERSON HARKAVY LLP 100 EUROPA DR STE 420 CHAPEL HILL, NC 27517-2372

AFSCME, LOCAL 77 1823 CHAPEL HILL RD DURHAM, NC 27707-1100

cc: